

Prepared Remarks of Commissioner Mignon L. Clyburn

Mobile Broadband and Chronic Disease Management

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Introduction

Thank you, Joe, for that kind introduction. It's always great to join Ralph Everett and others from the Joint Center. Ralph's wisdom and sense of humor help me navigate the increasingly choppy waters in DC. He reminds me where I come from and why I am here. It's also great to see the always upbeat, ever inspiring Dr. Nicol Turner-Lee, and of course, it's good to be here with all of you.

I am particularly thrilled that the Joint Center has organized this event where so many distinguished experts are discussing ways in which mobile broadband technologies and applications can be used to address chronic health issues facing our Country.

The Chronic Disease Crisis

As a native South Carolinian, I understand all too well that chronic illnesses such as diabetes, cancer, and kidney disease can have a detrimental impact on the health and economy of our Nation. According to state agency reports, South Carolina has the 10th highest percentage of people living with diabetes in this Nation. In 2006, hospital charges related to diabetes diagnosis alone in the Palmetto State totaled nearly 200 million dollars.

But South Carolina is not alone in this crisis. Experts report that 45 percent of Americans, more than 133 million Americans, have at least one chronic illness, and approximately one quarter of the population suffers from multiple chronic diseases. But what's even more troubling is that only 31 percent of those with chronic diseases realize just how sick they are. Each year, 7 out of 10 American deaths are attributable to chronic disease.

This audience would not be surprised to hear that 48 percent of African Americans are said to have some chronic illness—compared to the national average of 39 percent. African Americans are more likely to develop and die from cancer, and 7 out of 10 African Americans, ages 18 to 64 are obese or overweight, making us 15 percent more likely to suffer from obesity than Whites.

All of this comes with some very real costs to our nation. In 2008, the Partnership to Fight Chronic Disease released a report stating that 75 percent of the more than \$2 trillion dollars that Americans spend on health care each year is spent on chronic disease.

Every year, millions of work days are lost because people who are suffering miss work and people who must care for them also miss work. Absenteeism and other costs indirectly related to chronic illnesses cost businesses about \$1 trillion a year and if the trends leading to these figures continue, chronic diseases could cost the U.S. economy \$4.1 trillion, each year, by the year 2023.

How Mobile Health Can Help

But there is actually some good news. Stakeholders in the relevant government and private sectors are beginning to work together to address these critical issues. Important advances in communications and medical technologies are playing a pivotal role in curbing some of these trends.

Mobile health, or mHealth, solutions can provide effective, affordable and immediate ways for health professionals and patients to better manage their condition and help patients adhere to a treatment regimen. Diabetes patients can monitor their glucose levels easily, and prescription refills can be made instantaneously.

Those with health challenges will be able to travel with more comfort, knowing that they can stay in touch with their doctor and access critical health information while “on the go.” And experts estimate that remote monitoring of patients with chronic diseases could save \$197 billion in direct costs over 25 years, by reducing emergency room visits, hospital admissions, and the length of stays in hospitals.

Innovation and investment in mobile health solutions have resulted in the development of a number of important mHealth solutions. Right here in DC, NoMoreClipboard.com, an online health record management system, has partnered with local university hospitals in creating an interactive patient portal, targeted to high-risk Medicaid and diabetic patients. This system allows them to track their weight and glucose levels. And patients can actually receive warning messages if the information they input would generate a high risk situation.

This partnership’s success can be largely attributed to how people are engaged—through the use of their mobile phones. Approximately 90 percent of Americans currently have mobile devices and this program is able to reach those patients who may not have access to a computer, but do use a mobile device with Internet capabilities.

Another remarkable program that demonstrates the promise of mHealth technology, is a program that our friends in the audience from CTIA and Verizon help sponsor and promote—the public private partnership program known as Text4Baby. More than 500,000 babies are born prematurely each year in the US, and these babies often face lifelong health problems. This **free** service provides useful tips to mothers-to-be and mothers, on how to keep themselves and their babies healthy, lowering the risks of premature birth and early childhood illnesses. Already, more than 100,000 expectant mothers have signed up for the service. This demonstrates how pervasive technology truly is and how a simple, and affordable, solution can have a strong impact on the livelihood and health of people.

At the mHealth summit held only a few short weeks ago here in Washington, the Director of the National Institutes of Health, Dr. Francis Collins, eagerly spoke of a new vapor sensor which has the ability to wirelessly detect levels of harmful vapors coming from oil spills through the use of cell phones. This technology illustrates how **devices** are able to detect potential health risks before it is too late. It shows that mHealth technologies can not only vastly improve health on an individual basis, but also better protect entire communities.

We also recognize that the FCC can play a vital role in promoting greater deployment and adoption of mobile health services. In 2006, the Commission initiated a pilot program to create a nationwide broadband network dedicated to health care. The *Universal Service Rural Health Care Pilot Program* connects patients in rural areas to advanced medical services that are typically only available in major metropolitan areas. This program helps public and non-profit health care providers build state and region-wide broadband networks with the goal of lowering the cost of service.

And while I know many are concerned about what will happen after this pilot program ends in 2011, my hope is that the Commission will vote to make the pilot *permanent*, and that more health care providers implement mobile health solutions through this program. I also remain hopeful that technological advancements will help reduce rural health care costs, by providing reminders of healthy habits, engaging patients beyond annual visits, and creating repositories of information on health concerns for patients.

At our open meeting this past week, the FCC actually initiated a rulemaking proceeding to inspire research and development of new medical devices. We proposed rules to establish a new medical experimental license that will allow wireless service providers and the medical industry to more quickly test and develop new wireless medical devices. And I was also pleased to see that this proceeding encourages researchers and physicians to work with Veterans Affairs facilities and military services early in the development of these new devices. Our Wounded Warriors have made great sacrifices in defense of our Nation and we owe it to them and others to create an environment that can lead to faster medical breakthroughs.

The medical program experimental license could also accelerate innovations in telemedicine to further empower both doctors and patients. Advances in video technology and medical broadband applications are allowing physicians to collaborate with their colleagues across the globe, in real time, on difficult cases. Our agency should continue to promote technologies and policies that will give those, in greatest need of medical care, more flexibility in finding the right treatment for them.

But, our efforts to promote greater development and deployment of mobile health devices are not enough. In order for our Nation to fully leverage all the benefits that mobile health solutions have to offer, we must also promote adoption of these solutions. It's no secret that one of my foremost concerns is to ensure that the Commission implements policies that allow low income people to benefit from the most advanced communications technologies. We must ensure that the public knows that these medical devices and applications exist, and understands how they can improve their lives.

Conclusion

Moving forward, I hope we are able to build upon the general consensus and advancements in Mobile Health. Emerging mobile health technologies have already proven that they can substantially reduce negative health trends that we are seeing, and can truly assist in making our population healthier. The prospects for mobile health are boundless, and I look forward to hearing the panelists' ideas about how we can promote greater deployment and adoption of mobile health services.

Thank you.